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Maritza Kidd (Depositor's name)
Maritza Kidd (Signature)
12-8-2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/430,198	10/29/1999	DAVID ZAHNISER	CYM-034	6914

TITLE OF INVENTION: APPARATUS AND METHODS FOR VERIFYING THE LOCATION OF AREAS OF INTEREST WITHIN A SAMPLE IN AN IMAGING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$700 \$1400	\$0 \$300	\$700 \$1700	02/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIM, CHONG R	2623	382-128000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CYTC CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Marlborough, MA

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 3.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2518 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

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Date

12/7/05

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34,107

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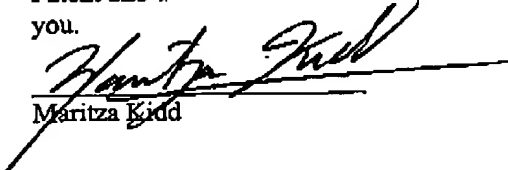
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PAGES (INCLUDING THIS COVER PAGE): 3

RE Issue Fee payment for US Appl 09/430,198

MESSAGE

I hereby certify that an issue fee payment transmittal PTOL-85 form (1 page) and "Fee Address" Indication Form PTO/SB/47 (1 page) are being submitted to the United States Patent and Trademark Office on the date above. Please confirm receipt via facsimile. Thank you.


Maritza Kidd